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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

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I hereby appoint:					
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OR Practitioner(s) nan	ned below (if more than ten patent	practitioners are to	be named, then a custor	mer number must	be used):
	Name		gistration Name Number		Registration Number
as attorney(s) or agent(s) to represent the undersigned before the United States Patient and Trademark Office (USPTO) in connection with any and all patient applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
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filed in each applicat the practitioners app	together with a statement un ion in which this form is use ointed in this form if the app application in which this Po	 d. The statement ointed practition 	it under 37 CFR 3.73 er is authorized to a	(b) may be com	pleted by one of
SIGNATURE of Assignoe of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature V W	· ·			oateNovembe	
Name Joshua			Т	elephone 518-	434-7045
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